

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-3701  
 www.iowa.gov/ethics



## FORM-GBG

Gift, Bequest, or Grant information  
 received by a department or  
 accepted by the Governor on behalf  
 of the state

## For office use only

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Area Code & Telephone \_\_\_\_\_

Glenwood Resource Center  
 711 South Vine Street  
 Glenwood, Iowa 51534

ip Code \_\_\_\_\_

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name \_\_\_\_\_  
 Mailing Address (if different from above) \_\_\_\_\_  
 Email Address \_\_\_\_\_

City, State, Zip (if different from above) \_\_\_\_\_

Area Code &amp; Telephone Number (if different from above) \_\_\_\_\_

## DONOR OF GIFT, BEQUEST, OR GRANT:

JANSSEN (PAUL WETTESTAD - REP)  
 Name \_\_\_\_\_  
 3 DUGGAN DR C. BLUFFS, IA 51503  
 Mailing Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Area Code & Telephone Number \_\_\_\_\_  
 Email Address (optional) \_\_\_\_\_

06/09/08 \$ 140.41  
 Date of Gift, Bequest, or Grant \_\_\_\_\_ Amount/Value\* \_\_\_\_\_

\*value is defined as "fair market value" of item as determined by  
 receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

LUNCHEON - STAFF PRESENTATION

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, \_\_\_\_\_ affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Ruth Messinger  
 Signature

6-12-08  
 Date

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Reset Form

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Name of Department or  
Mailing Address  
Area Code & Telephone

Glenwood Resource Center  
711 South Vine Street  
Glenwood, Iowa 51534

ip Code

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name  
Mailing Address (if different from above)  
Email Address

City, State, Zip (if different from above)

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Name  
Mailing Address  
Area Code & Telephone Number  
Email Address (optional)

GSK PHARM CO (ALICE RITZDORF - REP)  
2918 S. 219<sup>TH</sup> ST., ELKHORN, NE  
City, State, Zip Code 68022

06/10/08 \$ 90.96

Date of Gift, Bequest, or Grant

Amount/Value\*

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Signature

Date

6-12-08